Business Process Improvement-Best Practices Rather Than "Best Efforts"

Similar to the mid to late 1990's, medical practice management today has begun to be dominated by mergers, affiliations, and other external strategic initiatives aimed, ideally, at enhancing economic potential and performance within a rapidly-changing industry landscape. Preserving market share, improving contracting capabilities, seeking technological improvements and innovation, and obtaining cost efficiencies have been just some of the objectives sought, often leaving little time for much else.

Somewhat forgotten during this same period has been some of the basic or fundamental aspects of medical practice. As a result, we, as the general health care industry, and especially in regard to physician-group practices, have actually lagged other industries in some areas of technological innovation as well as in terms of focusing on core business process improvement opportunities.

Many commonly-followed processes and procedures in medical practices today are simply the by-products of years of habit. Alarmingly few were developed based upon formal study and analysis of patient flow or corresponding work flow. As a result, practices have many core processes that are inefficient and/or redundant activities that provide no added value to either the patient experience or the business enterprise goals. Perhaps the brightest aspect of this situation is that, at a time when nearly all practices are keenly interested in identifying any and all ideas that can add some near-term weight to the bottom line, the fact that many processes have much room for improvement is actually good news.

The starting point for any process improvement project is to determine – explicitly – what would constitute genuine improvement, i.e. what the goals are. Simply knowing that you want a given process to be "efficient" or "effective" does not provide any real identification of the key measures of that process. Objective self evaluation can be a challenge, and it is often difficult to find on your own the kind of good benchmarking information that you will want to be using. However you chose to move forward, be sure to not short-change this step. For example, if you were looking at your billing and collection processes, the focal points (not in any particular order) might include:

- Reduce (and where possible eliminate) paper, especially redundancy in data gathering and paper storage processes.
- Increase the use of technology where cost efficiency and patient convenience are quantifiable.
- Create the most efficient physician flow process in terms of how the physicians work within the office. Identify ways to enhance physician time management, create new patient appointment slots within the existing time available.
- Create a friendly and efficient patient environment; one that minimizes the complexities they must face in their receipt of care, processing of forms, bills, etc.
- Create a secure environment for patients; one that promotes confidence in confidentiality and privacy.
- Maximize human resource productivity and efficiency by eliminating duplication of job functions and/or processes.
- Utilize the square footage/facilities of the practice offices more efficiently and cost effectively.

After the initial analysis and determination of primary objectives, the next step is to review the existing written policies and procedures for that process. If such documentation doesn't currently exist – in detailed form, then it will be necessary to review and document the flow of the clinical and business operations pertaining to the process under review. In other words, you will want to flowchart (or outline) each and every office process you want to analyze and improve.

After flowcharting, stand back and look at your current process. Make sure that each flowcharted area within the process has the rules, procedures, responsible parties, etc. detailed, in writing, in terms of what is required to properly complete that task. It may be found that, even if the office's documentation does exist, it does not properly support the goals of most effectively and efficiently completing the specific tasks. You need to see that it does.

When all elements of the process have been substantially documented in writing, management's responsibility is then to ratify how the processes work, fine tune the policies and procedures, look for inefficiencies that exist, and to look for duplication of personnel that may come to light during a review of all of the processes and procedures. Obviously one result of such a project could be a complete overhaul of certain specific or all of the practices processes and procedures.

NOW is the time to look at each and every process in your office. You can Increase revenues by simply removing internal inefficiencies. With the continued changes in the marketplace and the continued pressures on your bottom line (can you say "reimbursement"?), there is no time like the present to give your practice a checkup on some of its fundamental processes.

Reed Tinsley, CPA is a Houston-based CPA, Certified Valuation Analyst, and certified healthcare consultant. He works closely with physicians, medical groups, and other healthcare entities with managed care contracting issues, operational and financial management, strategic planning, and growth strategies. His entire practice is concentrated in the health care industry. Please visit www.rtacpa.com.